

Annual Report

to the

North Carolina Department of Health and Human Services

Division of Social Services

on the

Non-Intensive Family Preservation Services Program

for State Fiscal Year 2006

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Executive Summary

This report presents data and findings on North Carolina's Non-Intensive Family Preservation Services (FPS) Program from State Fiscal Year 2005 – 2006 (SFY 2006), and on a five-year history of families served SFY 2002 through SFY 2006. This is the third annual report on the FPS program and it presents general findings and trends for the last five years of program operation.

During SFY 2006, 8 FPS programs provided services in 7 counties serving 118 families. These families comprise 180 caregivers and 277 children. Treatment outcomes are generally favorable among families served, although apparent shifts in the types of families served (more mental health problems, fewer child abuse/neglect problems) may be affecting placement rates and types and the proportion of families who successfully complete services. A summary of key findings is presented in the last section of this report. Some of the trend data bear scrutiny and more detailed analyses as the total number of families in the data archive increases.

Although measures of internal consistency (Cronbach's alphas) are respectable for the NCFAS Version 1.4, as used by the FPS providers, it is highly recommended that DSS require FPS providers to switch to the NCFAS Version 2.0. This recommendation is made due to Version 2.0's increased reliability and its inclusion of assessment elements relating to mental health issues, particularly because the FPS cases appear to involve an increasing number of families with mental health problems.¹

¹ Programs began using the NCFAS Version 2.0 in SFY 2007.

Introduction

This is the third Annual Report on North Carolina's Family Preservation Services (FPS) program that presents data and information about families and children that have participated in the program. Information about the FPS program's activities and performance relating specifically to SFY 2006 are presented. Additionally, trend data are presented for the last five years of program operation, including SFY 2006. Data that are presented graphically or in tables represent the most interesting findings from the current year, or from past years. There is also a section on Family Functioning, based upon the use of the North Carolina Family Assessment Scale, Version 1.4, used by FPS Programs.

Review of Program Design

The program design of the Non-Intensive Family Preservation Program (FPS) shares many elements of the Intensive Family Preservation Services Program (IFPS). Services are time-limited, home based, focus on building strong and stable families, strive to be culturally relevant and appropriate, are available when the family needs them (i.e., during "non-traditional" work hours) and are delivered by workers with small caseloads. However, the levels of service intensity and availability as well as the worker caseloads are commensurate with the lower risk levels of the families receiving non-intensive family preservation services, when compared to those receiving services under the intensive model.

For example, whereas families eligible for the IFPS model have one or more children at imminent risk of removal and out-of-home placement due to child abuse or neglect, families eligible for the FPS model have a child or children at risk of current or future role dysfunction in the home or community. Although services in the FPS model are, indeed, time limited, they can be provided for up to 6 months, as opposed to the 4-6 weeks permitted under the IFPS model.

Whereas IFPS workers are expected to be available “24/7” as a matter of routine, the FPS services are characterized as available 24/7 in the event of a “crisis or emergency.” Whereas, IFPS workers carry a caseload of 2 to 4 families, FPS workers can carry more cases, up to as many as 8 cases at a time, depending upon the intensity of service need, as determined by the caseworker and the supervisor.

Providers who deliver non-intensive services under the FPS model may also deliver similar services as an adjunct to reunification efforts when a child has previously been removed for reasons of abuse, neglect, delinquency, or dependency due to emotion-, mental-, or physical health treatment.

Review of Program Operation and Service Delivery

Like the IFPS model, FPS providers are expected to provide:

- Family Assessment
- Family and individual counseling
- Client advocacy
- Case management/referral to other services as appropriate
- Development and enhancement of parenting skills.

FPS providers are also required to deliver other clinical services, and have the option of delivering “concrete” services that may include small amounts of monetary assistance to assist in the provision of basic necessities or to facilitate goal-oriented outcomes like transportation connected with labor force attachment.

All families served by FPS providers experience a comprehensive family assessment, and workers conducting those assessments are assisted by the use of the North Carolina Family Assessment Scale (NCFAS). The NCFAS facilitates the identification of family strengths and

resources as well as needs and weaknesses. The purpose of assessment is to help the worker and the family set measurable, realistic and achievable goals and to develop strategies for achieving those goals. The NCFAS promotes a family assessment model, focusing on the family as a system, operating in the social environment. Specialized assessments may also be conducted and are considered on a case-by-case basis (e.g., neurological assessment, psychological assessment, alcohol/drug dependency assessment, toxic metal screening, etc.)

Family and individual counseling comprise a therapeutic interaction between the family preservation services worker and the family members, either individually or as a family unit, to solve problems and build or enhance skills. Workers strive to establish a trusting relationship with the family, to define and clarify family issues and perceptions, assess the areas needing to change, to evaluate change as it occurs, and to terminate the relationship when appropriate.

Case management involves the coordination of the efforts of all service providers involved with the family. The goals of case management include the development of joint service plans, to ensure that intervention efforts are working towards common goals, to ensure that methods used by different serving agencies do not conflict with one another or send conflicting or confusing messages to families, and to ensure that there is sufficient “follow through” and “follow-up.”

Development or enhancement of parenting skills focuses on the areas of nurturing, knowledge of child development and age-appropriate expectations of children, supervision, discipline, behavior management, communication, anger management or control, and other general parenting skills.

Concrete services are optional for programs and may include tangible services such as modest financial assistance, household chores and repairs, transportation, and the like.

Program Summary for SFY 2006

Since SFY 1997, North Carolina's FPS providers have served 1,505 families. The automated FPS case record and management information system contains detailed information on these families served. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 10 years. Findings in this section are presented for the 118 families served during SFY 2006.

Number of Families, Caretakers and Children Served

During SFY 2006, 8 FPS programs provided services to families in 7 counties throughout North Carolina. Table 1 presents a detailed list of the programs and counties served, as well as the number of families, caretakers, children served.

**Table 1: Number of Families, Caretakers and Children Served by FPS Programs
During SFY 2006, Listed by Program and County**

FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARETAKERS SERVED	CHILDREN SERVED
Family Services of the Piedmont	Guilford	21	32	55
Cherokee Boys Club	Cherokee	6	9	11
Mountain Youth Resources—Clay	Clay	12	22	29
Youth Focus	Guilford	38	54	97
Mountain Youth Resources—Macon	Macon	13	22	27
Mountain Youth Resources— Graham	Graham	7	9	10
Chatham County DSS	Chatham	16	24	37
Methodist Home for Children	Edgecombe	5	8	11
Totals		118	180	277

During SFY 2006, a total of 118 families received services that ended before July 1, 2006. There were 118 referred children identified in these families, among 277 children in the families; 180 caretakers were served directly by the programs.

Family Information

Table 2 presents information collected about families at case opening. In SFY 2006, 4% of families had previously received FPS and 4% had previously received Intensive Family Preservation Services (IFPS). Fifty percent or more of families served presented with the following strengths identified at the time of case opening: eager to keep family together, pleasant, responsive, caring, order/neat in home, order/neat in person, verbal, protective, respectful of others, and receptive. Similar strengths were identified in families in prior years of service. The average number of strengths identified per family was 12.

The majority (75%) of families were identified as currently or formerly receiving public assistance in SFY 2006. This continued the significant and increasing proportion of families receiving public assistance that began in SFY 2004. Refer to the “Five Year Trend Analysis” section for more information on this increasing trend of receipt of public assistance.

Table 2: Family Information at Case Opening

Family Information	Number	Percent
Families that Previously Received FPS	5	4.2
Families that Previously Received IFPS	5	4.2
Strengths Identified in Families at Opening		
Eager to keep family together	99	83.9
Pleasant	86	72.9
Responsive	81	68.6
Caring	78	66.1
Order/neat in home	78	66.1
Order/neat in person	76	64.4
Verbal	75	63.6
Protective	69	58.5
Respectful of others	62	52.5
Receptive	59	50.0

Family Information	Number	Percent
Strengths Identified in Families at Opening (Continued)		
Interested in learning	58	49.2
Honest	58	49.2
Involved in children's school life	56	47.5
Employed	54	45.8
Punctual	54	45.8
Involved in children's recreational activities	51	43.2
Resourceful	48	40.7
Cooperative with agency in the past	48	40.7
Supportive/strong network of family/friends near	45	38.1
Health	44	37.3
Fun loving/cheerful	42	35.6
Wants more education	39	33.1
Youth oriented	28	23.7
Average Number of Strengths Identified per Family	11.85 (SD=6.35)	
Families Currently or Ever Receiving Public Assistance	88	74.6
Medicaid	73	61.9
Food stamps	52	44.1
SSI	18	15.3
WIC	14	11.9
Other	14	11.9
Housing	13	11.0
Work First	5	4.2
General assistance	0	0.0

Caretaker Demographics

In SFY 2006, 180 caretakers were living in the homes of the 118 families served by the FPS programs. Table 3 presents demographic information for these caretakers. The average age of caretakers served by the program was 40 years. Nearly one-fifth (17%) of the caretakers were 30 years old or less, two-fifths (42%) were over the age of 40, and the remaining 41% were between 31 and 40 years old. Three-fifths (63%) of caretakers were female. Half (50%) of caretakers served were white. This continued the significant trend begun in SFY 2005 where about half of the population served were African American or other minority. In SFY 2006, 38% of caretakers were African American, and 12% comprised other minority races. Only 38% of

caretakers were employed in full-time work and 17% of caretakers were unemployed and in need of work.

Table 3: Demographics of Caretakers

Demographics of Caretakers	Number	Percent
Age		
Average Age	40.42 (SD=11.81)	
18 – 24	14	8.2
25 – 30	15	8.8
31 – 40	69	40.6
41 – 50	42	24.7
51 – 60	18	10.6
Over 60	12	7.1
Gender		
Female	113	62.8
Male	67	37.2
Race		
White	90	50.3
African American	68	38.0
Other	21	11.7
Working Full-Time	69	38.3
Working Part-Time	21	11.7
Unemployed	30	16.7
Unemployed—Homemaker	21	11.7
Unemployed—Disabled	24	13.3
Educational Status		
Less than 10 th grade	20	12.2
10 th – 12 th grade	52	31.7
High school/GED	44	26.8
Some college or more	48	29.3
Relationship to Referred Child		
Mother	90	51.1
Father	38	21.6
Grandparent	21	11.9
Aunt/uncle	5	2.8
Cousin	1	0.6
Friend	3	1.7
Other	18	10.2
Special Areas of Concern		
Absence of parent/caretaker	52	28.9
Unemployment	45	25.0
Domestic violence	40	22.2
Grief/loss	37	20.6
Physical disability	26	14.4
Child abuse/neglect	24	13.3
Physical chronic illness	23	12.8
Mental illness	21	11.7
History of other abuse as a child	19	10.6
History of teenage child bearing	17	9.4
Other drug abuse	16	8.9

Demographics of Caretakers	Number	Percent
Special Areas of Concern (Continued)		
Teenage parent (<20 years old)	16	8.9
Alcohol abuse	15	8.3
History of sexual abuse as a child	10	5.6
Incarceration in jail or prison	7	3.9
Developmental disability	3	1.7
Other factors	37	20.6
Not applicable	18	10.0
Average Number of Issues Identified per Caretaker	2.27 (SD=1.95)	

Comment [JNB1]: Any description of these "Other factors"?

Two-fifths (44%) of all caretakers had less than a high school diploma. Thus, as with other human service populations where children may be at risk, factors of single parenting, insufficient income or poverty, labor force detachment or intermittent attachment, and low educational attainment are prevalent. Half (51%) of caretakers were the mothers of the referred child. Caretakers served during the prior nine-year history of the program were similar with respect to age, gender, employment status, educational status, and relationship to the referred child. On average, two major issues were identified per caretaker that affect family functioning and place the children at-risk. The most frequently occurring issues identified in SFY 2006 included: absence of a parent or caretaker, unemployment, domestic violence, grief or loss, physical disability, child abuse or neglect, physical chronic illness, mental illness, and a history of other abuse as a child. Similar issues were identified in caretakers during prior years of program operation.

Referred Child Demographics

In SFY 2006, 118 families were referred for services because a child was at-risk for current or future role dysfunction in the home or community, and possible future out-of-home placement. Table 4 presents demographic information on the referred children in these families. The average age of the referred child was about 11 years old. Forty-two percent of the referred

children were female and 58% were male. Similar proportions were found in the referred children served in the prior nine years of program operation. Two-fifths (44%) of the children were White and 39% were African American. Other minority children represented 17% of the referred children served. This sustained the significant and increased service to minority populations observed in SFY 2005. Refer to the “Five Year Trend Analysis” section for more information on this increasing trend of service to minority populations. At case opening, 86% of referred children served were living in the home and 11% were living with relatives.

Table 4: Demographics of Referred Children

Demographics of Referred Children	Number	Percent
Age		
Average Age	11.20 (SD=4.72)	
0 – 5	19	16.4
6 – 12	30	25.9
13 – 15	54	46.6
16 – 17	12	10.3
18 or older	1	0.9
Gender		
Female	49	42.2
Male	67	57.8
Race		
White	52	44.1
African American	46	39.0
Other	20	16.9
Living Situation at Case Opening		
Home	102	86.4
Relative	13	11.0
Friend	1	0.8
Group home	1	0.8
Detention center	1	0.8
Special Areas of Concern		
Family disruption	76	64.4
Undisciplined	61	51.7
Out of parental control	53	44.9
Family violence	41	34.7
Delinquency	34	28.8
Grief/loss	34	28.8
Truancy	34	28.8
School failure	30	25.4
Child is taking medication	24	20.3
Neglect	23	19.5

Demographics of Referred Children	Number	Percent
Special Areas of Concern (Continued)		
Learning disability	17	14.4
Runaway	15	12.7
Emotional abuse	15	12.7
Emotional disability	13	11.0
Drug abuse	12	10.2
Developmental disability	11	9.3
Sexual abuse	10	8.5
BEH	10	8.5
Extreme poverty	9	7.6
Inappropriate sexual behavior	8	6.8
Suicidal behavior	7	5.9
Serious health problems	6	5.1
Physical abuse	5	4.2
Physical disability	5	4.2
Behavioral disability	4	3.4
Alcohol abuse	2	1.7
Teen pregnancy	1	0.8
Child exploitation	1	0.8
Other factors	23	19.5
Not applicable	1	0.8
Average Number of Issues Identified per Child	4.95 (SD=2.74)	

Comment [JNB2]: Again, a significant number fall in this vague category – any descriptions?

The most frequently cited issues placing referred children at risk for role dysfunction include: family disruption, being undisciplined or out of parental control, family violence, delinquency, grief or loss, truancy, school failure, taking medication, and neglect. Referred children averaged a total of 5 identified issues. Similar issues were found to be affecting referred children in prior years. Refer to the “Five Year Trend Analysis” section for more information about the living situation and special areas of concern of the referred child population.

Other Child Demographics

In SFY 2006, 159 other children were living in the homes of the 118 families served by the FPS program. Table 5 presents demographic information on these children. The average age of the other children was 10 years old. Forty-nine percent of the other children were female and

51% were male. About one-third (38%) of the children were White and 47% were African American. Other minority children represented 15% of the other children served. At case opening, nearly all (92%) of other children served were living in the home. The top issues affecting other children placing them at-risk for role dysfunction include family disruption, being undisciplined, family violence, being out of parental control, grief or loss, and neglect.

Table 5: Demographics of Other Children

Demographics of Other Children	Number	Percent
Age		
Average Age	10.03 (SD=5.23)	
0 – 5	29	20.4
6 – 12	64	45.1
13 – 15	29	20.4
16 – 17	11	7.7
18 or older	9	6.3
Gender		
Female	75	48.7
Male	79	51.3
Race		
White	59	37.6
African American	74	47.1
Other	24	15.3
Living Situation at Case Opening		
Home	143	92.3
Relative	11	7.1
Group home	1	0.6
Special Areas of Concern		
Family disruption	68	42.8
Undisciplined	33	20.8
Family violence	33	20.8
Out of parental control	28	17.6
Grief/loss	27	17.0
Neglect	24	15.1
Child is taking medication	15	9.4
Truancy	12	7.5
Learning disability	12	7.5
Delinquency	12	7.5
Emotional abuse	11	6.9
BEH	11	6.9
Emotional disability	11	6.9
Developmental disability	9	5.7
School failure	7	4.4
Extreme poverty	7	4.4
Drug abuse	7	4.4

Serious health problems	4	2.5
Behavioral disability	4	2.5
Demographics of Other Children	Number	Percent
Special Areas of Concern (Continued)		
Inappropriate sexual behavior	3	1.9
Physical disability	3	1.9
Physical abuse	3	1.9
Runaway	3	1.9
Sexual abuse	2	1.3
Suicidal behavior	2	1.3
Child exploitation	2	1.3
Alcohol abuse	1	0.6
Teen pregnancy	1	0.6
Other factors	26	16.4
Not applicable	45	28.3
Average Number of Issues Identified per Child	2.40 (SD=2.64)	

Service Delivery Information

Table 6 presents regularly collected service delivery information from the 118 families served in SFY 2006. Workers averaged 61 hours of service to each of the families during the typical service period. Most of the hours, on average, were spent in face-to-face, telephone, collateral and travel contact (42 hours). About 11 hours were devoted to administrative tasks and record keeping, and about 7 hours were spent providing supervision. Nearly all families received family assessment and family or individual counseling. The majority of families also received case management and referral services and client advocacy as part of their services. The total number of hours of contact and the number and types of services provided to families during SFY 2006 were similar to figures from prior years of program operation. FPS programs provided monetary assistance totaling \$490 to 9% of all families served to alleviate emergency crises and stabilize the living situation. This amount averaged \$45 per family receiving monetary assistance.

Table 6: Service Delivery Information

Service Delivery Information	Number	Percent
Average Number of Contact Hours		
Face to Face, Telephone, Collateral and Travel	42.08 (SD=26.35)	
Supervision	6.50 (SD=4.77)	
Administrative/Record Keeping	11.14 (SD=7.06)	
Miscellaneous	1.00 (SD=3.01)	
Average Number of Hours of All Case Related Activities	60.73 (SD=34.14)	
Services Families Received		
Family Assessment	117	99.2
Family/Individual Counseling	118	100.0
Client Advocacy	97	82.2
Case Management/Referral	104	88.1
Optional Services	2	1.7
Other	11	9.3
Families in Need of Monetary Assistance	11	9.3
Families Provided Monetary Assistance (of those needed)	11	100.0
Total Dollars Families Needed	\$630	
Total Dollars Families Provided	\$490	
Average Dollars Provided per Family in Need	\$45	

Closure Information

Table 7 presents information collected about families served at the time of case closure. The average FPS case in SFY 2006 lasted 14.52 weeks (about 3.5 months), and received an average of just over 4 hours of service per week. Sixty-four percent of cases closed with services being completed successfully. Nearly one-fifth (18%) of cases were closed because the family withdrew from services or was uncooperative. At case closure, 92% of referred children were living in a home setting (either at home, with relative or family friend). When the referred child was placed at case closure they were more likely to be in a social service placement than a mental health or juvenile justice placement. Thirty-six percent of referred children were

considered to be at-risk for placement at the time of closure. The majority (70%) of families were referred for other services after case closure.

Table 7: Case Closure Information

Case Closure Information	Number	Percent
Average Number of Days from Opening to Closing	101.66	
Reason Case was Closed		
Risk to worker too high	1	0.8
Risk to children too high/child placed	7	5.9
Family/child moved	6	5.1
Family withdrew or was uncooperative	21	17.8
Services completed successfully	76	64.4
Other	7	5.9
Referred Child Living Situation at Closure		
Home	96	81.4
Relative	11	9.3
Family Friend	1	0.8
Social Services	5	4.2
Mental Health	1	0.8
Juvenile Justice	1	0.8
Other Placement	3	2.5
Referred Child at-Risk for Placement at Closure	41	36.0
Families Referred for Other Services at Closure	79	69.9

Families Not Accepted/Appropriate for FPS

Each year many families are referred for FPS but not served. Reporting those data to the state is optional; therefore, this information is likely an underestimate of the total number of families that were referred for FPS. Table 8 presents summary information about these families. In SFY 2006, at least 5 families and 10 children were referred for FPS and not served. No families were denied services because caseloads were full, but two families (40%) were not served because the family was not willing to participate and two families (40%) were not served because the risk was too high. Half of families that did not receive services were White, 25% were African American, and 25% were other minorities. These figures are in keeping with the general distribution of racial and ethnic categories but the number of cases is so small that

generalizations should be made guardedly. During prior years of program operation families referred and not served were more likely to be White, average more children per household, and be denied services because caseloads were full or case workers were unable to locate the family within 48 hours.

Table 8: Families Not Accepted/Appropriate for FPS

Families Not Accepted/Appropriate for FPS	Number	Percent
Number of Families Referred, but Not Served	5	
Reason Families Not Accepted/Appropriate for FPS		
Caseloads Full	0	0.0
Unable to Locate within 48 Hours	0	0.0
Risk too High	2	40.0
Family Not Willing to Participate	2	40.0
Other Reason	1	20.0
Total Number of Children in Families Not Served	10	
Average Number of Children per Family and Not Served	2 (SD=1.73)	
Family Race		
White	2	50.0
African American	1	25.0
Other	1	25.0

Five-Year Trend Analysis

Since SFY 1997, North Carolina's FPS providers have served 1,505 families. The automated FPS case record and management information system contains detailed information on these families served. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 10 years. Findings in this section relate to the total population of families served in the last five years, SFY 2002 through SFY 2006. Five-year trend analyses of a number of variables indicate a high degree of stability, and therefore predictability, in a number of areas of interest to FPS programs, policy executives and the legislature.

Number of Families, Caretakers and Children Served

The number of programs offering FPS services remained fairly constant from SFY 2002 through SFY 2004, ranging from 12 to 16 programs serving 11 to 12 counties plus the Eastern Band of Cherokee Indians. In SFY 2005, all Community Based Programs providing in-home services were part of a re-bid process which allowed new programs to compete for these grants, as well as shifting the allocation between program types in order to comply with federal requirements. As a result, there was a significant reduction in the number of programs to 9, providing services to families in 8 counties and the Eastern Band of Cherokee Indians. In SFY 2006, 8 programs offered FPS services in 8 counties, but the total number of families served increased from the previous year by 13%. Figure 1 presents the number of families, caretakers, and children served annually by FPS programs. Over the last five years, the program has served an average of 148 families per year. The number of caretakers served in these families for the last five years averages 227, and the number of children served in these families for the last five years averages 328 per year.

Figure 1. Number of Families, Caretakers and Children Served by FPS Programs

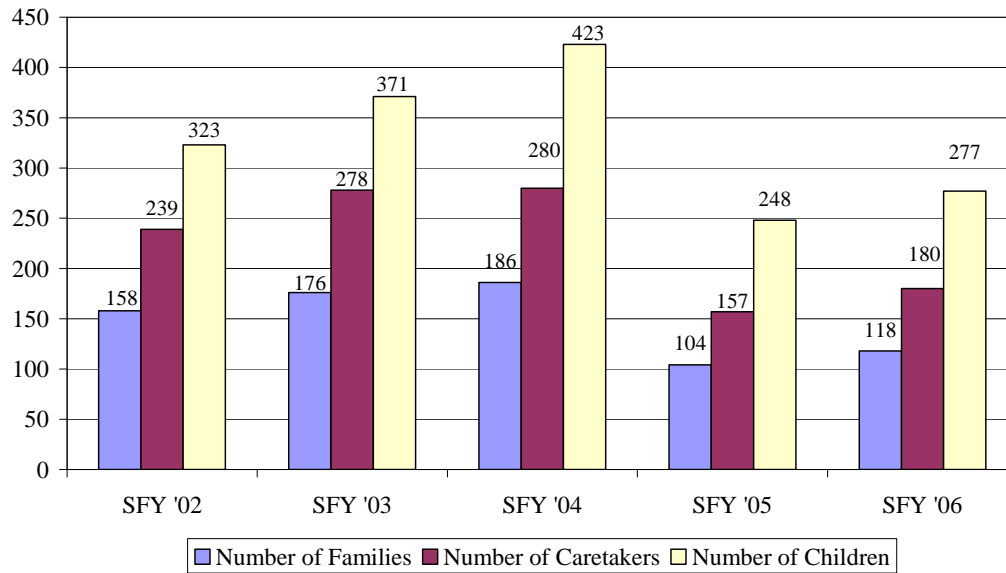
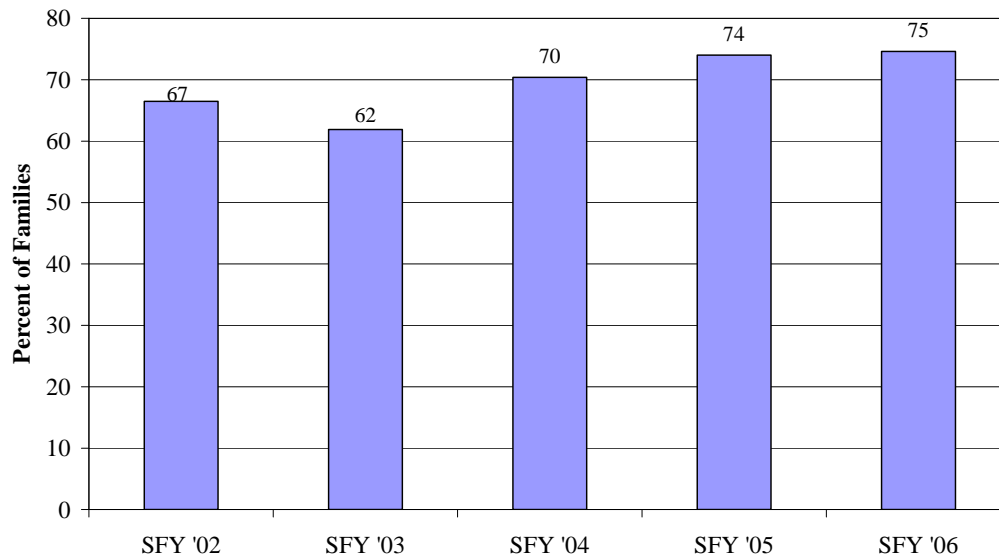


Figure 2. Percent of Families Currently or Ever Receiving Public Assistance



Families Receiving Public Assistance

Figure 2 presents the percentage of families that are currently receiving, or have ever received, public assistance. Public assistance includes Medicaid, food stamps, housing assistance, Work First, SSI, WIC, and general assistance. There has been a significant increase in the percentage of families receiving public assistance over the last five years, beginning in SFY 2004. This is largely accounted for by the marked increase in the proportion of families receiving Medicaid (see Table 2, Family Information).

Primary Issues Affecting Caretakers

Figure 3 presents data on the types of problems affecting caretakers. (Note that each section of a bar represents the percent of families experiencing a particular problem, and that families may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of families experiencing that problem in a given year). The types of problems affecting families have fluctuated only slightly over the last five years, and any reported variation is not statistically significant.

Race of Referred Children

Figure 4 displays the racial distribution for the referred children living in the families served by the program over the last five years. There has been a statistically significant increase in the proportion of African American referred children served to an all time high of 39% in SFY 2006. The proportion of other minority referred children served was at an all time high of 23% in SFY 2005. At the same time, there has been a steadily decreasing proportion of White referred children served. In SFY 2006, 44% of the referred children were White and 56% were African American or of other minority race.

Figure 3. Primary Issues Affecting Caretakers

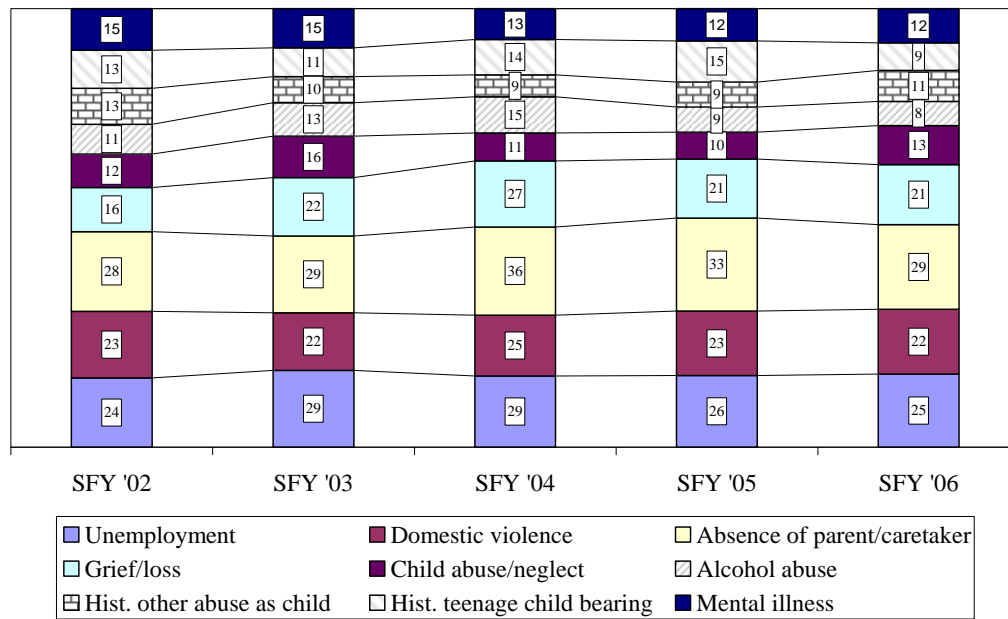
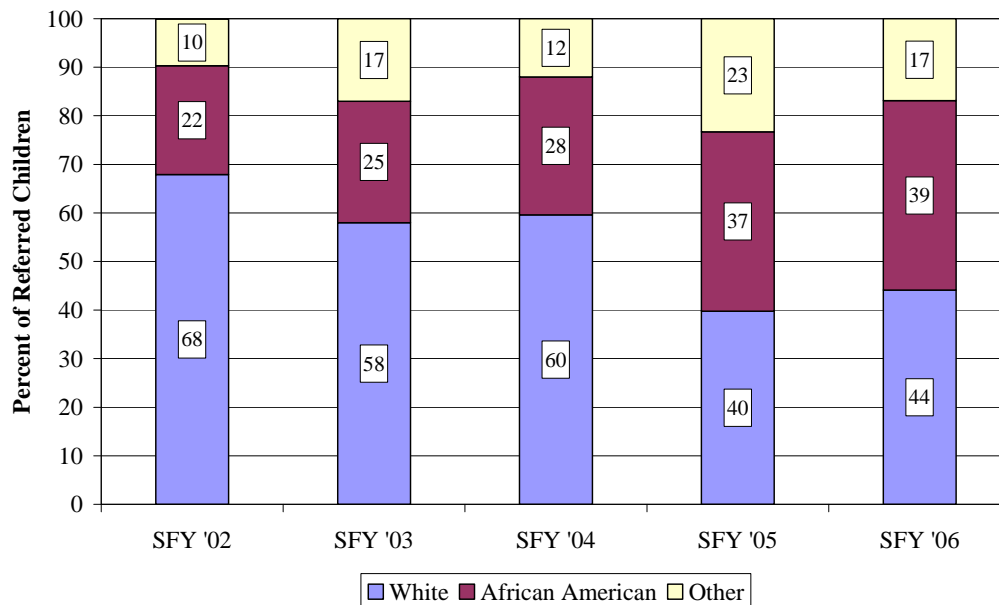


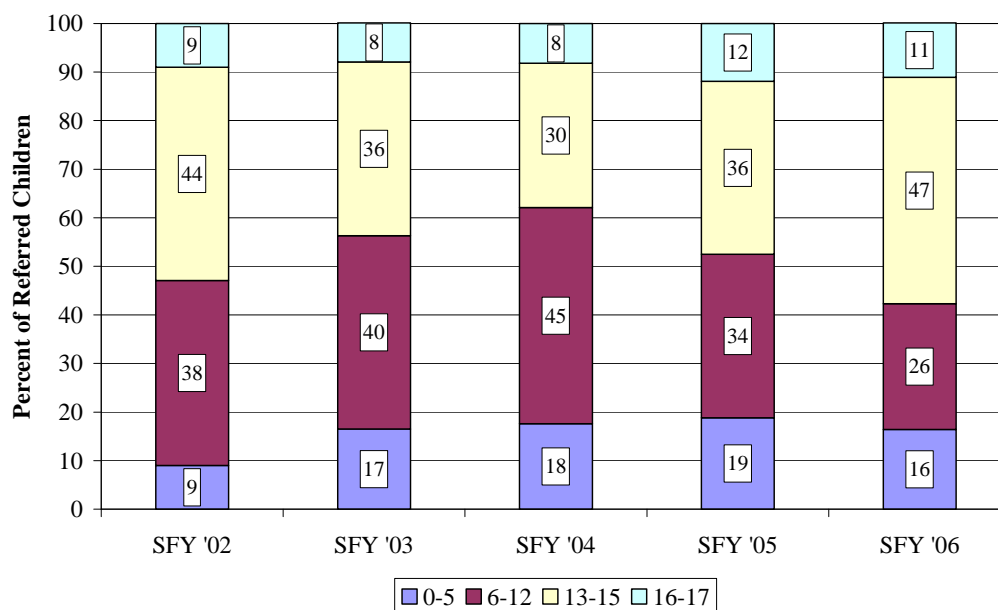
Figure 4. Race of Referred Children



Age and Gender of Referred Children

Figure 5 presents the information on ages of children served over the preceding 5 years. Although not statistically significant, the age distribution of referred children has varied somewhat over the last five years. The average age of referred children peaked in SFY 2002 at 12 years old. The average age of referred children reached its lowest in SFY 2004 at 10 years old. The gender of referred children over the last five years has ranged between 42% to 47% female, and 54% to 58% male.

Figure 5. Age of Referred Children

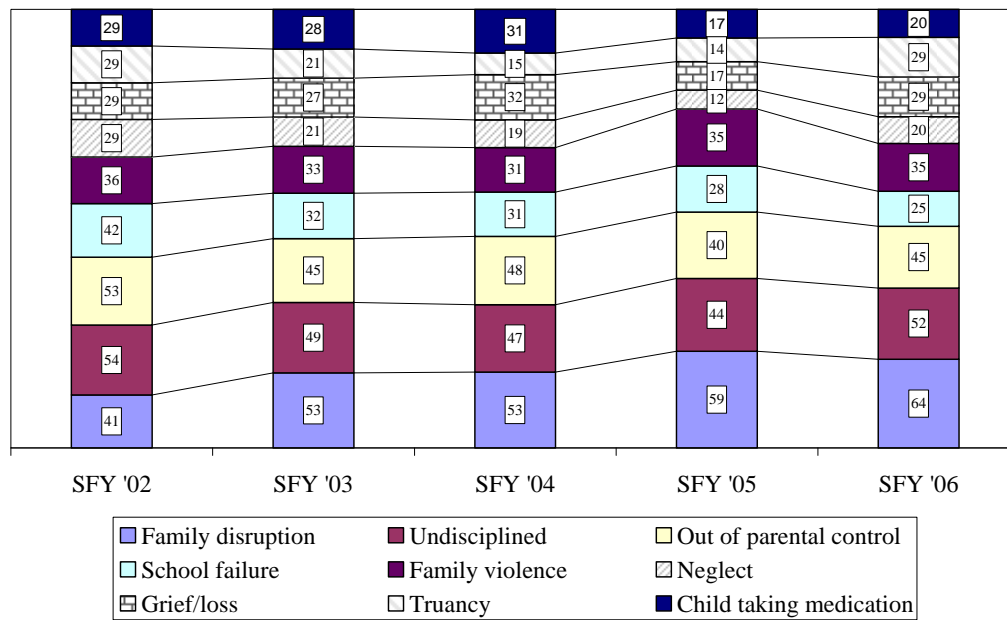


Primary Issues Affecting Referred Children

The types of problems affecting referred children have fluctuated significantly over the last five years. These data are presented in Figure 6. There has been a significant and increasing proportion of referred children presenting with problems of family disruption. There has also

been a significant and decreasing proportion of referred children presenting with problems of neglect, truancy, and taking medication, although it appears that truancy and neglect have increased again during SFY 2006. The proportion of referred children presenting with school failure has declined significantly and steadily over the last five years. The proportion of referred children presenting with problems of being undisciplined or out of parental control, family violence, and grief or loss issues have remained fairly stable over the last five years.

Figure 6. Primary Issues Affecting Referred Children

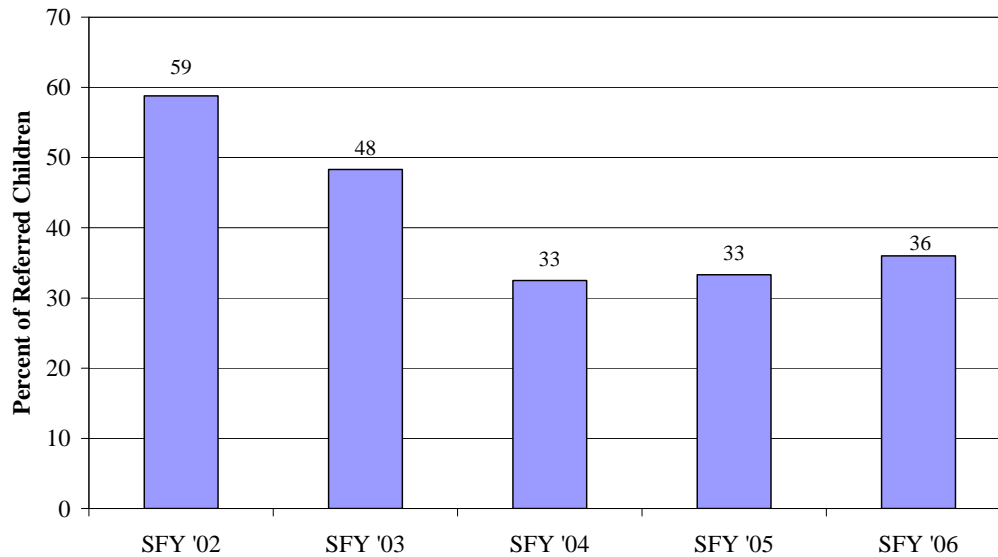


Referred Children at-Risk for Placement

Figure 7 displays the proportions of referred children that were at-risk of placement at the time of case closure. There has been a significant reduction in the proportion of referred children that are considered to be at-risk for placement after services have ended, from a high of

59% in SFY 2002 to a low of 33% in SFY 2004. For the last five years, the average number of referred children considered to be at-risk of placement at the time of case closure is 42%.

Figure 7. Percent of Referred Children at-Risk for Placement at Case Closing

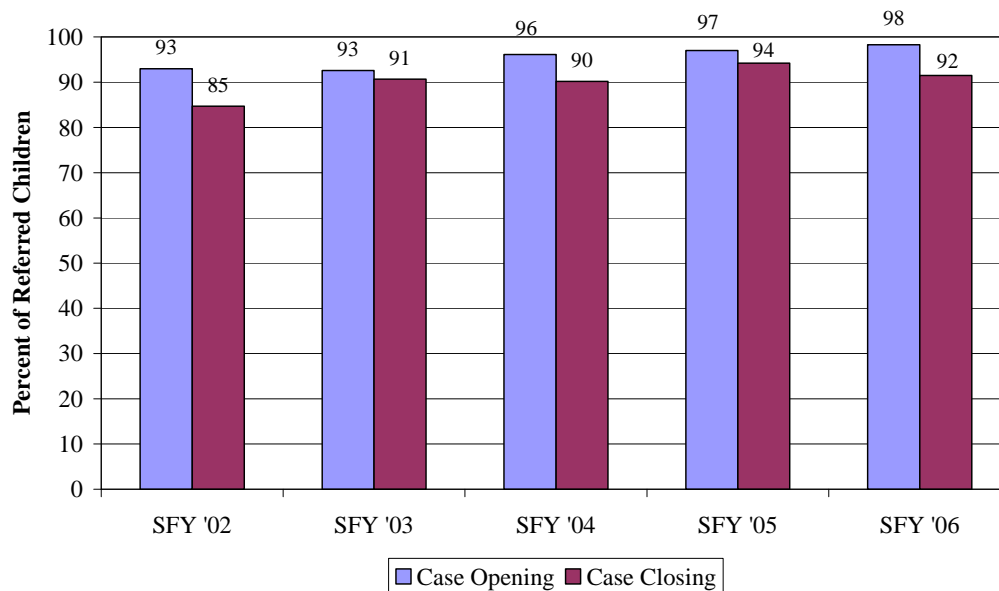


Referred Children Living in the Home

Figure 8 illustrates the proportion of referred children living in the home at case opening as compared to case closing. Living in the home is defined as being in the home, with a relative, or with a family friend. Over the last five years, the proportion of referred children who are living in the home at the time of case opening and case closing has remained fairly stable. However, there has been a slight trend for more children to be in the home at opening and at closing. The proportion living in the home at case opening has averaged 95%, and the proportion living in the home at case closing has averaged 90%. It can also be seen from this figure that there has been a trend over the last five years for fewer children to be living in the

home at the time of case closing than were living in the home at case opening. Although the percentages have varied slightly, this trend has maintained over the past five years. This trend raises some questions about the relationship between the service (intensity, duration, types of services offered) and the referred population (underlying presenting problem, level of risk, etc.). It is still likely that fewer children are being placed out of home than would have been without the FPS program.

Figure 8. Percent of Referred Children Living in the Home at Case Opening and Closing



Contact Hours and Services Received

Figures 9 and 10 show data relating to required family services and contact hours spent with families. Figure 9 displays the average number of contact hours spent in each type of activity over the last five years. Workers have averaged a total of 59 contact hours with families. The majority of these hours has been spent in face-to-face, telephone, collateral and travel

contact. The distribution of hours spent in each type of contact has remained quite constant over the last five years.

Figure 9. Average Number of Contact Hours Per Life of Case

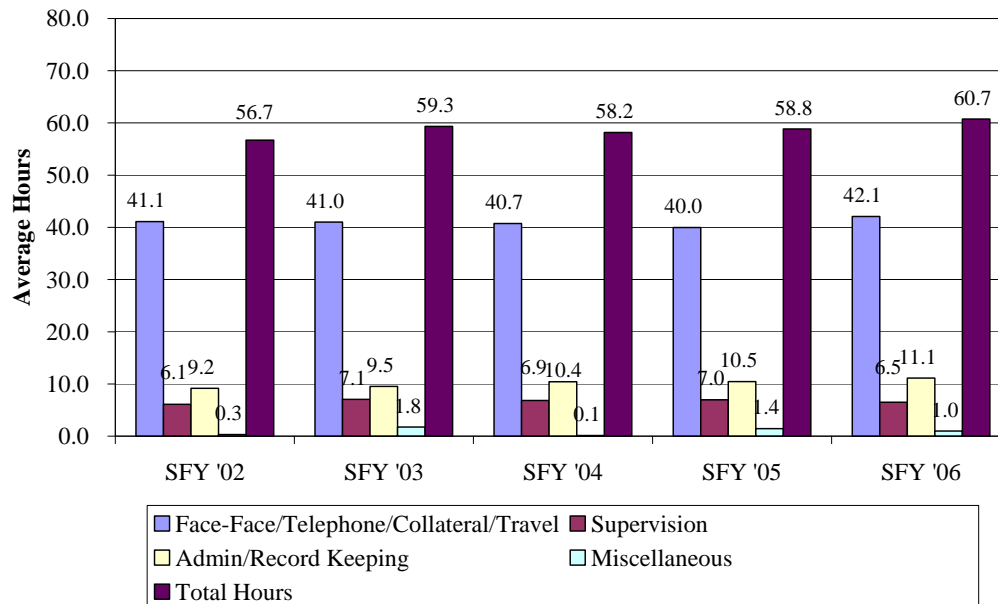
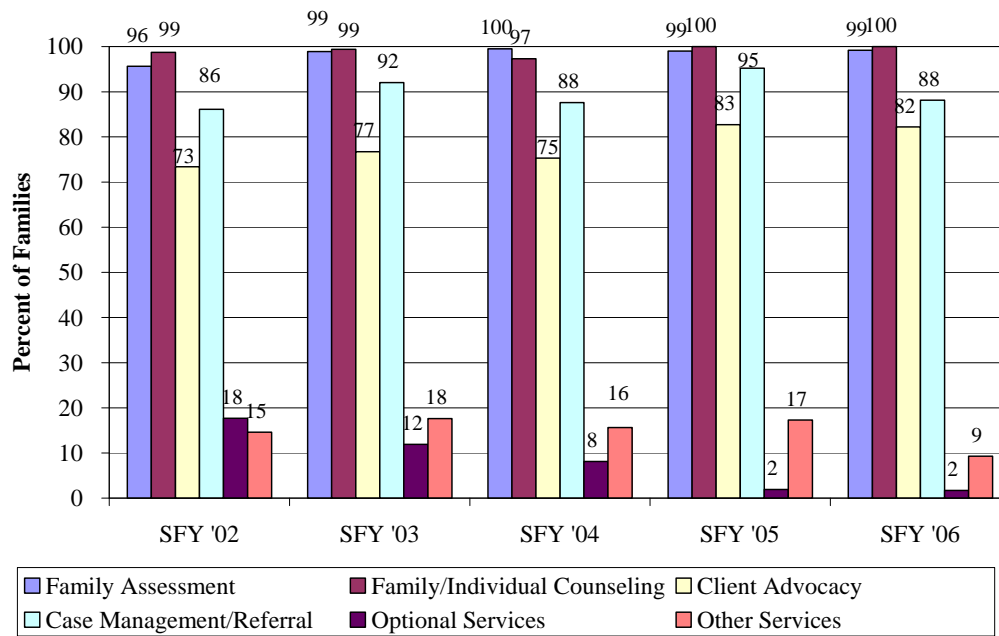


Figure 10 displays the percent of families that received each of the required services during the life of their case. Nearly all families received family assessment and family or individual counseling throughout the last five years. The data indicate an increasing trend in the proportion of families receiving client advocacy and case management or referral services during the FPS intervention. The data also indicate a decreasing trend in the proportion of families receiving optional services during the FPS intervention, and possible other services as indicated during SFY 2006.

Figure 10. Types of Services Families Received



Family Functioning: North Carolina Family Assessment Scale (Version 1.4, used by Family Preservation Programs)

The NCFAS provides information on family functioning in a variety of areas relevant to the typical FPS family, and provides pre-service and post-service information in order to measure change that occurs during the FPS service period. Changes in family functioning that occur during this period are related to stressors affecting families, which in turn, affect their ability to remain united at the end of the service period.

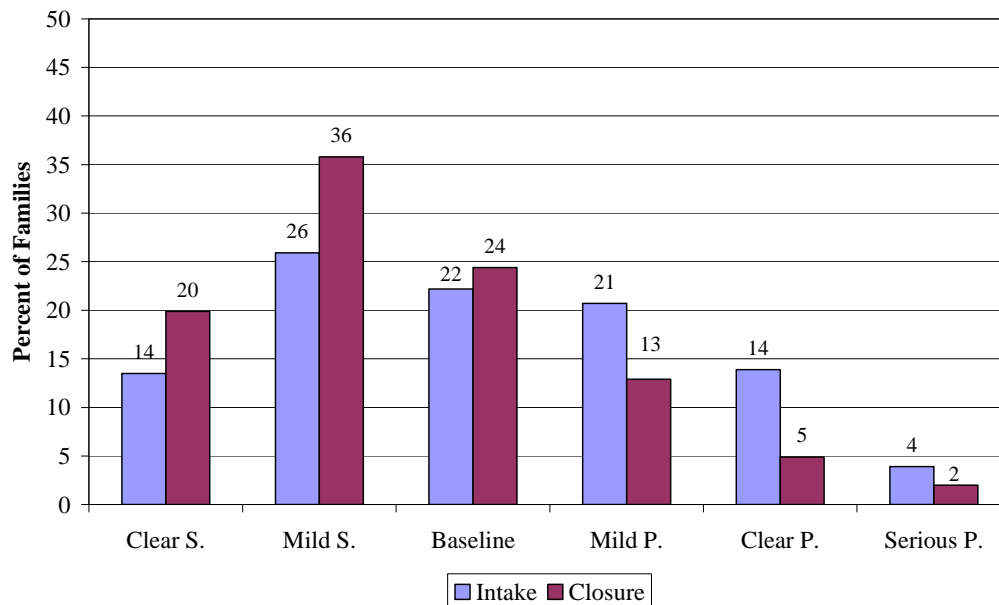
The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Social Support, Family Caregiver Characteristics, Family Interactions, and Child Well-Being. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing stability, safety in the community, habitability of housing, income/employment, financial management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

Assessments are made by FPS workers at the beginning of the service period and again at the conclusion of service. The data of interest include both the absolute ratings at intake and closure and the change scores derived between the two assessment periods. For example, if a family received a rating of “-2” on the Environment domain at the beginning of service and received a “+1” at the end of service, the change score is +3, indicating movement of three scale increments in the positive direction. The change score is derived independently from the actual position of the scores on the scale; that is, a change from “0” to “+2” is considered to be of the same magnitude as a change from “-3” to “-1”, or +2 in both cases. This strategy is deliberate in that the change scores may indicate a meaningful change in the status of the family, or of the

trajectory of the family (i.e., deterioration to improvement), while at the same time acknowledging that not all problems can be resolved completely during a brief intervention.

Findings in this section relate to the 1,499 families served during all years in which FPS services have been provided, SFY 1997 through SFY 2006. Figures 11 through 15 present the aggregate intake and closure ratings for the 5 domains on the NCFAS.

Figure 11. Environment Ratings at Intake and Closure

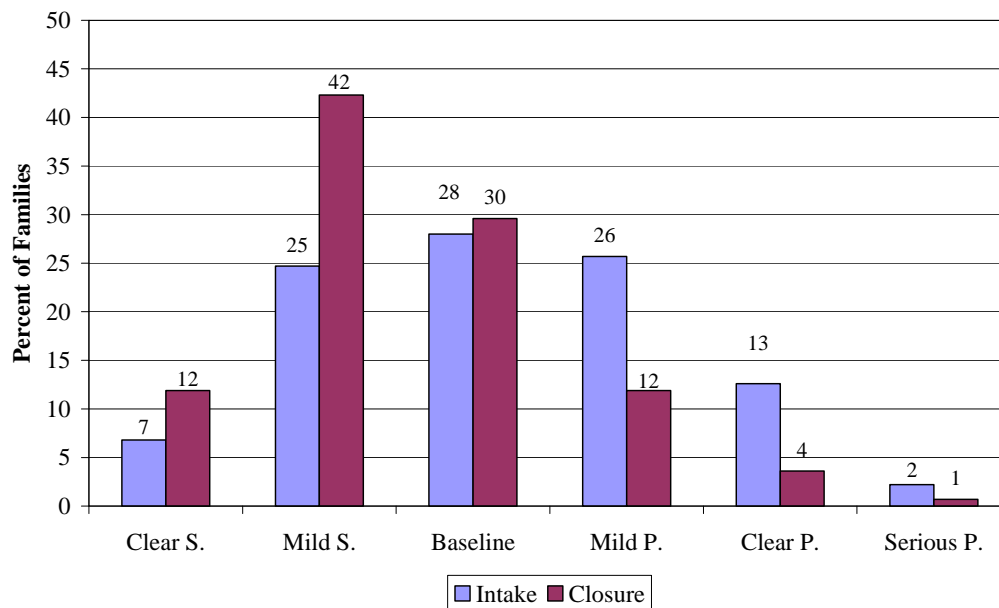


Data in Figure 11 suggest that the majority of families do not enter services with problem ratings in the area of Environment. Sixty-two percent of families are rated as being at “Baseline/Adequate or above” at intake. At closure, four-fifths (80%) of families are “Baseline/Adequate or above.” Families not rated as having environmental issues to resolve at intake also are not likely to have case plans focusing on those issues. However, there was substantial movement of the aggregate data towards the positive end of the scale: the proportion

of families rated as having serious environmental problems was reduced from 4% to 2%, and those rated as having clear problems were reduced from 14% to 5%.

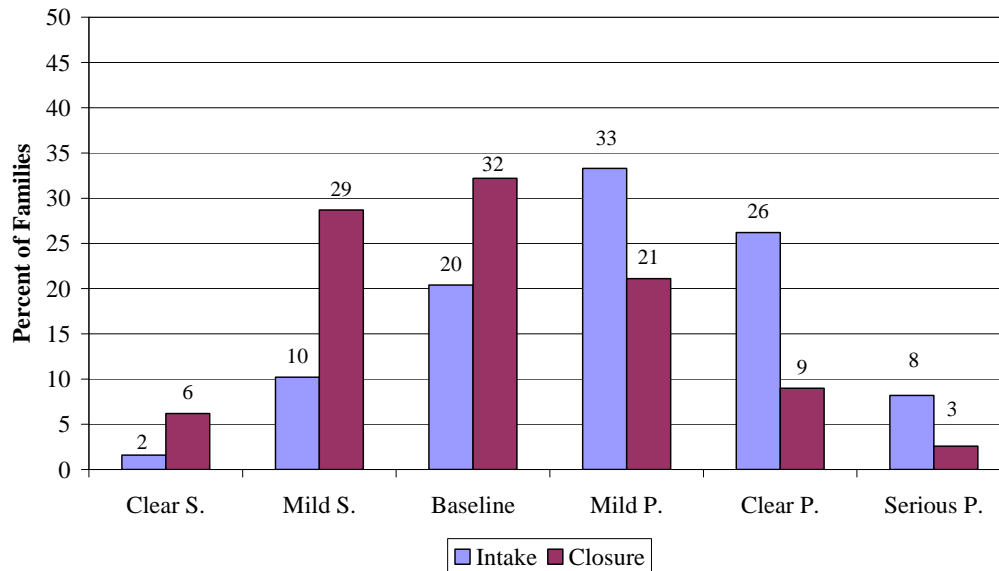
The Social Support domain on the NCFAS reflects a similar pattern of change as presented for the Environment domain. These data are presented in Figure 12. At Intake, 60% of families are rated as being at “Baseline/Adequate or above.” After services, over four-fifths (84%) are rated as “Baseline/Adequate or above.”

Figure 12. Social Support Ratings at Intake and Closure



The next domain of assessment on the NCFAS is Family Caregiver Characteristics. These data are presented in Figure 13. The data gathered on the families served relating to this domain show significant shifts in Family Caregiver Characteristics as a result of the services provided. Fully 68% of families are rated in the “problem” range at intake, but only 33% are still rated in the “problem” range at closure.

**Figure 13. Family Caregiver Characteristics Ratings
at Intake and Closure**



The data gathered on the Family Interactions domain for the families served show shifts in interaction patterns and behavior similar to shifts observed in Family Caregiver Characteristics. Two thirds of families (65%) are rated in the “problem” range at intake; this proportion is reduced to one-third (32%) at the time of case closure. These data are presented in Figure 14.

Figure 14. Family Interactions Ratings at Intake and Closure

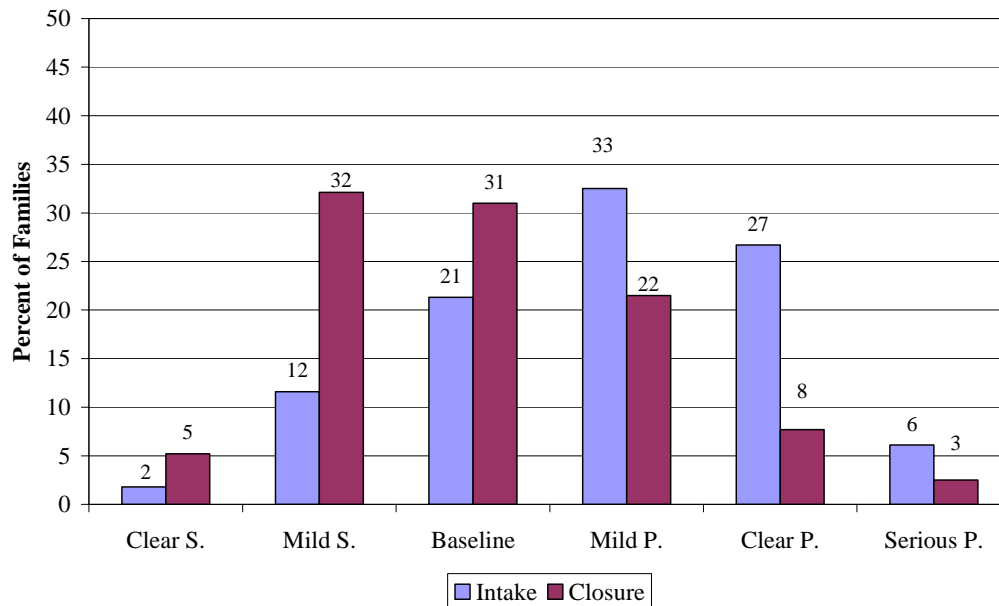
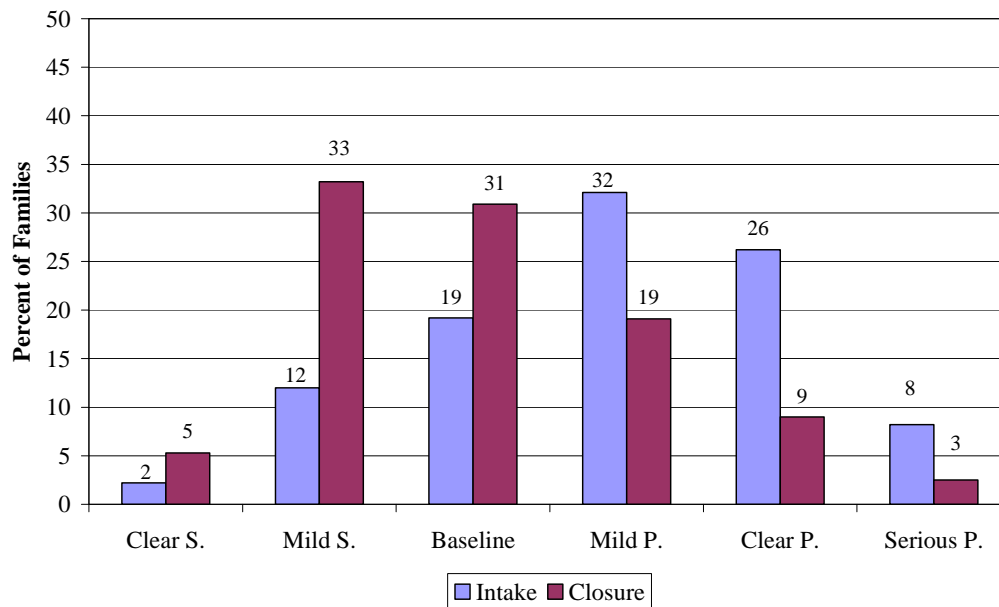


Figure 15. Child Well-Being Ratings at Intake and Closure



The final domain of assessment on the NCFAS is Child Well-Being. These data are presented in Figure 15. The assessed changes in Child Well-Being are also large, with the large majority (66%) of families rated as having problems in this area at the beginning of service. This is not altogether surprising since Child Well-Being issues, along with Family Interaction Issues and Family Caregiver Characteristic Issues, are likely to be the issues that initially bring the family to the attention of the referring agency. However, at the close of services, the large majority (70%) of families are at “Baseline/Adequate or above,” and about two-fifths (38%) are rated in the “strengths” range.

Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the FPS programs to influence parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree. Changes on environmental and social support factors, while evident, are less dramatic. This is due, at least in part, to the lower level of need recorded on these domains.

Table 9. Level of Change Experienced by Families on Each Domain of the North Carolina Family Assessment Scale during FPS

Domain	Level of Change Per Family (Percent of Families) N=1,499				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	4%	56%	26%	9%	4%
Social Support	4%	50%	31%	10%	6%
Family Caregiver Char.	3%	35%	39%	15%	8%
Family Interactions	4%	35%	39%	15%	8%
Child Well-Being	5%	34%	36%	17%	9%

The aggregate data presented in the preceding figures indicate the “population” shifts following receipt of FPS services, but do not indicate the amount of change in individual families. Examination of individual family change requires the computation and analysis of the

change scores derived on each domain for each family in the cohort. The specific changes that occurred on each of the domains for the 1,499 families served are presented in Table 9.

These same data are presented graphically in Figure 16. The graph shows that a little more than half of families do not change on the domain of Environment (56%) and the domain of Social Support (50%), but that approximately 3/5 of all families improve on the remaining domains: Family Caregiver Characteristics, Family Interactions, and Child Well-Being. Most of the improvement recorded is incremental (+1 or +2 scale intervals), although 4%-9% of all families improved 3 or more scale intervals. Because the NCFAS employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during a brief intervention is very large. Note also that a few families (3%-5%, depending on the domain) deteriorate during FPS services. Deterioration on any domain significantly increases the likelihood of placement at the end of service.

Figure 17 shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the population of families served, although approximately one fifth to one third of families remain below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure.

Figure 16. Level of Change Experienced by Families on NCFAS Domains

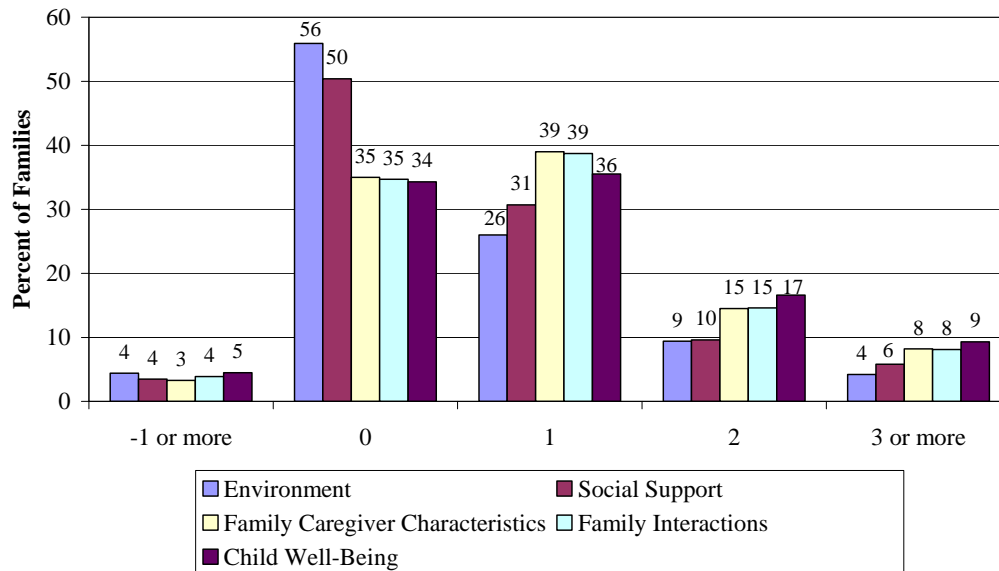
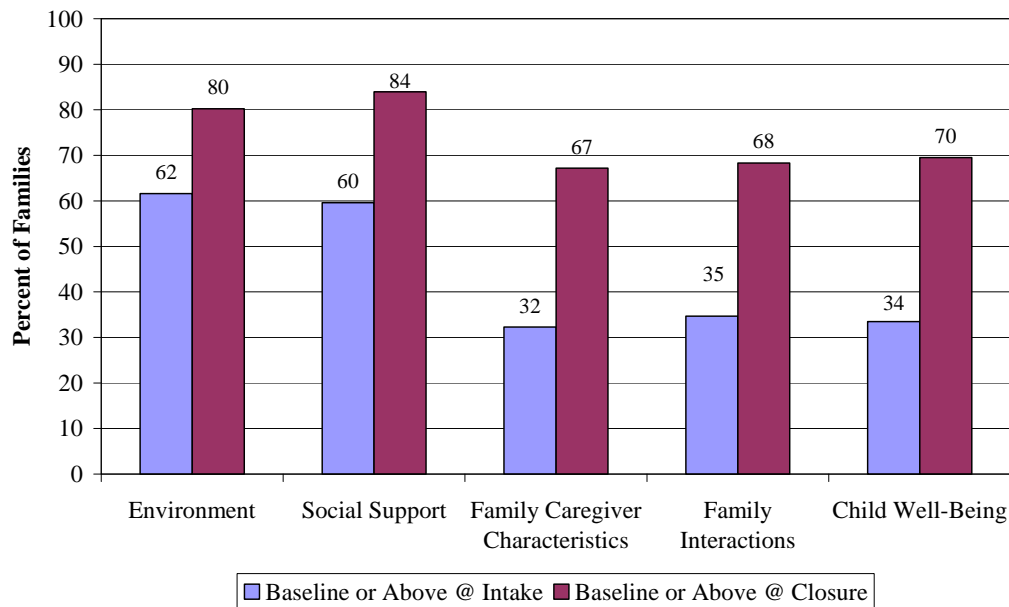


Figure 17. Overall Change on the NCFAS



The FPS programs started out using the NCFAS Version 1.4 and became comfortable with its use. Even after the reliability and validity study of the NCFAS in the intensive family preservation services setting was completed, and the NCFAS Version 2.0 was promulgated, it was decided to maintain use of V1.4 in the FPS programs until the on-line database was developed. Although not all FPS workers rate all domains on the NCFAS V1.4 when it is used during family assessment and service planning, the sample sizes are quite respectable (ranging in number from 830 to 1,191) and can provide the basis of an examination of the reliability of the scale items. The results of the reliability analysis are presented in Table 10.

Table 10. Reliability Analysis for the NCFAS, SFY 1997 through SFY 2006

Domain	Valid N	Number of Items	Alpha
Environment at Intake	1191	10	.916
Environment at Closure	1129	10	.931
Social Support at Intake	1191	5	.861
Social Support at Closure	1187	5	.882
Family Caregiver Characteristics at Intake	1130	6	.770
Family Caregiver Characteristics at Closure	1111	6	.715
Family Interactions at Intake	1120	6	.763
Family Interactions at Closure	1122	6	.778
Child Well-Being at Intake	836	13	.767
Child Well-Being at Closure	830	13	.772

It can be observed that the Alpha levels reflecting the internal consistency of the scale items range from .72 to .93. By convention, Alphas above .7 are considered respectable, Alphas above .8 are considered strong, and Alphas above .9 are considered very strong. Thus, although the majority of Alphas are in the .7-.8 range, the scale appears to be reliable when used in the present service environment with the present service population. However, it may be advisable to have the FPS programs convert to use of the NCFAS Version 2.0, to maintain continuity with

other programs using the NCFAS throughout the state. There is evidence that the NCFAS Version 2.0 is, indeed, more reliable than its predecessor version.²

² Programs began using the NCFAS Version 2.0 in SFY 2007.

Summary of Major Findings from the Outcome-Focused Evaluation of North Carolina's Family Preservation Services Program

Data from the last 5-year period that the FPS program has been in operation, along with more detailed analysis of SFY 2006 data, reveal the following general findings. More detail on each of these findings is available in the body of the full report.

- Workers are following the service model. The data relating to case activities reflect policy compliance and adherence to standards.
- The typical family served by the FPS program is a single female-headed household, struggling financially and with about a 50% chance of receiving some form of public assistance (Medicaid, Food Stamps, SSI, WIC) but with a low probability of being enrolled in Work First, with intermittent labor force attachment and periods of unemployment, and low educational attainment.
- The proportion of families served that represents racial minorities is somewhat higher than the proportion of minorities in the general population of the areas served by the program. This suggests that the FPS program may be contributing to addressing the problem of overrepresentation of minority children in foster care and other types of out-of-home placement.
- Although families may receive services for up to 6 months, the average case closes in less than that time (14.52 weeks, slightly less than 4 months).
- About the same numbers of children are living at home at Intake as are living at home at Closure. This could mean that 1) FPS is successfully preventing the removal of children who were at risk of removal, or 2) that some children are placed out of home at the conclusion of services while others are returned home following services. Future analyses will delve more deeply into the relationships among these variables.
- Out-of-home placement of referred children is a fairly uncommon outcome. Only 4% of children are placed into DSS foster care. By comparison, less than 1% of children are placed into mental health or juvenile justice treatment settings.

- Five-year trend analyses indicate:
 - FPS program size was stable with respect to number of families served thru SFY 2004 (mean = 173 families; range = 158 to 186 families). There was a significant decrease in the number of families served in SFY 2005 (104 families), but a 13% increase in SFY 2006 (118 families).
 - There is an increasing trend for families to be receiving some form of financial assistance (WIC, Medicaid, Food Stamps, etc.) but an overall low enrollment in Work First.
 - There is an increasing trend in children's problems at intake to include family disruption, and a decreasing trend in children's problems at intake for neglect, truancy, and taking medication.
 - There is an increasing trend to serve minority families. During SFY 2005, there was a significant increase in the proportion of minority children served to an all time high of 60%.
 - The number of hours devoted to various case-related activities (face-to-face contact, transportation, supervision, record keeping, etc.) has remained very stable over the past 5 years.
- Measures of family functioning (using the North Carolina Family Assessment Scale) generally reflect population shifts in the "right" direction, away from problems and towards strengths.
- Taken as a whole, the general improvements in family functioning demonstrate the ability of the FPS program to influence positively all of the assessed domains. Domains showing the largest improvements are Family Caregiver Characteristics (e.g., parenting skills), Family Interactions, and Child Well-Being.
- DSS should consider requiring the FPS programs to switch from using V1.4 of the NCFAS to V2.0, due to improved psychometric properties of V2.0.

APPENDIX A

Provider List for SFY 2005-2006 Less Intensive Family Preservation Services

Provider	Contact Person	Counties Served
Mountain Youth Resources PO Box 99 Webster, NC 28779	Devona Finley (828) 586-8958 Fax: (828) 586-0649	Clay
Mountain Youth Resources PO Box 99 Webster, NC 28779	Devona Finley (828) 586-8958 Fax: (828) 586-0649	Macon
Mountain Youth Resources ¹ PO Box 99 Webster, NC 28779	Devona Finley (828) 586-8958 Fax: (828) 586-0649	Graham
Cherokee Boys Club PO Box 507 Cherokee, NC 28719	Vicky Cucumber (828) 497-6092 Fax: (828) 497-5818	Qualla Boundary (Eastern Band of Cherokee Indians)
Family Services of the Piedmont 315 East Washington St. Greensboro, NC 27401	Andrea Huckabee (336) 387-6161 Fax: (336) 387-9167	Guilford
Youth Focus 301 East Washington St. Greensboro, NC 27401	Valerie Jones (336) 333-6853 Fax: (336) 333-6815	Guilford
Chatham County DSS PO Box 489 Pittsboro, NC 27312	Sharon Milham (919) 542-2759 Fax: (919) 542-6355	Chatham
Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Tom Fleetwood (919) 833-2834 Fax: (919) 755-1833	Edgecombe

¹The actual contract for this area was with Graham County Schools. Mountain Youth Resources is a subcontractor.

APPENDIX B

Program Allocations and Expenditures for SFY 2005-2006 Less Intensive Family Preservation Programs

County	Provider	Allocation	Actual Expenditure
Clay	Mountain Youth Resources	\$75,000	\$75,000
Macon	Mountain Youth Resources	\$75,000	\$75,000
Graham	Mountain Youth Resources ¹	\$40,000	\$40,000
Qualla Boundary	Cherokee Boys Club	\$75,000	\$27,859
Guilford	Family Services of the Piedmont	\$50,000	\$50,000
Guilford	Youth Focus (subcontract) ²	\$25,000	\$25,000
Chatham	Chatham Co DSS	\$75,000	\$75,000
Edgecombe	Methodist Home for Children	\$75,000	\$57,865
TOTALS		\$490,000	\$ 425, 724

¹This program is part of a contract with Graham County Schools. The total contracted amount is \$100,000, the remainder of which is designated for a Family Resource Center.

²Youth Focus is a subcontract of Family Services of the Piedmont. The contract with the Division is for \$75,000, which represents the sum of the allocation to the primary contractor, who then allocates \$25,000 to the subcontract.